



Chris Berg <CBerg@afphq.org> on 10/02/2012 05:47:07 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc:

Subject: FEC Form 9

Attached, please find an FEC Form 9 from Americans for Prosperity.

Sincerely,
Chris Berg

Chris Berg
Legal Counsel

Americans for Prosperity
2111 Arlington Blvd., Ste. 350
Arlington, VA 22201

(703) 224-3162
cberg@afphq.org



FEC Form 9 - 2012-10-02.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Americans for Prosperity

(b) Address (number and street) ☐ check if different than previously reported

2111 Wilson Blvd. Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C 30001051

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

09 / 20 / 2012

through

10 / 01 / 2012

5. (a) Date of Public Distribution(s)

10 / 01 / 2012

(b) Communication Title "Owe It"

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐

No ☒

8. Custodian of Records

(a) Name

Steve Corder

(b) Address (number and street)

2111 Wilson Blvd. Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

Americans for Prosperity

(e) Occupation

CFO

9. Total Donations This Statement

0

10. Total Disbursements/Obligations This Statement

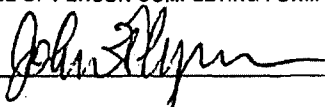
342034.88

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

John Flynn

SIGNATURE



DATE

10/2/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE OF
2 4

11. Person(s) Sharing/Exercising Control

A.	(a) Name Tim Phillips	
	(b) Address (number and street) 2111 Wilson Blvd. Suite 350	
	(c) City, State and ZIP Code Arlington, VA 22201	
	(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation President
B.	(a) Name Tracy Henke	
	(b) Address (number and street) 2111 Wilson Blvd. Suite 350	
	(c) City, State and ZIP Code Arlington, VA 22201	
	(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation Executive Vice President & COO
C.	(a) Name Steve Corder	
	(b) Address (number and street) 2111 Wilson Blvd. Suite 350	
	(c) City, State and ZIP Code Arlington, VA 22201	
	(d) Name of Employer or Principal Place of Business Amerians for Prosperity	(e) Occupation Treasurer & CFO
D.	(a) Name John Flynn	
	(b) Address (number and street) 2111 Wilson Blvd. Suite 350	
	(c) City, State and ZIP Code Arlington, VA 22201	
	(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation Secretary
E.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$.				
B. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$.				
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$.				
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$.				
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$.				
<table border="0"> <tr> <td data-bbox="183 1570 996 1644"> SUBTOTAL of Donations This Page (optional) ▶ </td> <td data-bbox="996 1570 1427 1644"> \$. 0 </td> </tr> <tr> <td data-bbox="183 1654 996 1738"> TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9) </td> <td data-bbox="996 1654 1427 1738"> \$. 0 </td> </tr> </table>		SUBTOTAL of Donations This Page (optional) ▶	\$. 0	TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	\$. 0
SUBTOTAL of Donations This Page (optional) ▶	\$. 0				
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	\$. 0				

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee Target Enterprise, LLC			Date of Disbursement or Obligation 09 / 26 / 2012	
Mailing Address of Payee 15260 Ventura Blvd. Suite 1240			Amount 9990.00	
City Sherman Oaks	State CA	Zip Code 91403	Communication Date 09 / 27 / 2012	
Name of Employer _____			Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) Placement of Radio Advertisement ("AFP-PA Healthcare Rally")				
Name of Federal Candidate Barack Obama			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	
Name of Federal Candidate _____			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Name of Federal Candidate _____			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

B. Full Name (Last, First, Middle Initial) of Payee Target Enterprises, LLC			Date of Disbursement or Obligation 09 / 20 / 2012	
Mailing Address of Payee 15260 Ventura Blvd. Suite 1240			Amount 332044.88	
City Sherman Oaks	State CA	Zip Code 91403	Communication Date 10 / 01 / 2012	
Name of Employer _____			Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) Placement of radio advertisement ("Owe It")				
Name of Federal Candidate Barack Obama			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	
Name of Federal Candidate _____			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Name of Federal Candidate _____			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

SUBTOTAL of Disbursements/Obligations This Page (optional)		342034.88
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		342034.88

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <u>Email</u>	Date of Receipt or Postmarked <u>10/2/2012</u>
PREPARER <u>py</u>	<u>10/3/2012</u> DATE PREPARED